## IN THE UNITED STATES RECEIVING OFFICE (USRO)

| Applicant(s): | Sandra Ginette   | Milutinovic, et al. |
|---------------|------------------|---------------------|
| International | Application No.: | PCT/GB00/02361      |

Filed: 06/15/2000 (06.15.00)

Invention: SULFONAMIDE SUBSTITUTED BENZYLAMINE DERIVATIVES AND THEIR USE AS

**MEDICAMENTS** 

Lilly Reference:

G-1344

Earliest Priority Date: 07/13/1999 (07.13.99)

Certificate Under 37 C.F.R. § 1.10

Attention: DO/EO

**Box PCT** 

**Assistant Commissioner for Patents** 

Washington, D.C. 20231

Sir/Madam:

| "Express Mail" ma | iling label number: | EL559725808US |  |
|-------------------|---------------------|---------------|--|
| Date of Deposit:  | January 9, 2002     |               |  |

I hereby certify that the following attached paper or fee Transmittal Letter to the United States Designated/Elected Office (US) concerning a filing under 35 U.S.C. 371 of the International Application identified above is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Queen Thomas
(Typed or printed name of person mailing paper)

(Signature of person mailing paper or fee)

JC07 Rec'd P27/PTO 0 9 JAN 2002

FORM PTO-1390 U.S. DEPARTMENT OF CO RCE PATENT AND TRADEMARK OFFICE (MODIFIED) G-1344 U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.5) TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE 06/15/2000 (06.15.00) 07/13/1999 (07.13.99) PCT/GB00/02361 TITLE OF INVENTION: SULFONAMIDE SUBSTITUTED BENZYLAMINE DERIVATIVES AND THEIR USE AS MEDICAMENTS APPLICANT(S) FOR DO/EO/US: Sandra Ginette Milutinovic, et al. Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 1. 2. This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371. This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay 3. examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1). A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. A copy of the International Application as filed (35 U.S.C. 371(c)(2)) W is transmitted herewith (required only if not transmitted by the International Bureau). a. b. has been transmitted by the International Bureau. ΠŲ X is not required, as the application was filed in the United States Receiving Office (RO/US). A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7 Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) a. are transmitted herewith (required only if not transmitted by the International Bureau). have been transmitted by the International Bureau. Ъ. have not been made; however, the time limit for making such amendments has NOT expired. c. N d. have not been made and will not be made. A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 8. X 9. An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. X A copy of the International Preliminary Examination Report (IPER), including any annexes, and, if not in English, an English language translation of the annexes to the IPER under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11. to 16. below concern document(s) or information included: 11. An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. A FIRST preliminary amendment. A SECOND or SUBSEQUENT preliminary amendment. 14. A substitute specification. 15. A change of power of attorney and/or address letter. 16. Other items or information:

| U.S. APPLICATION NO. (i                                                                                                                                                                                                                                 | U.S. APPLICATION NO. (if known, see 37 C.F.R.)  INTERNATIONAL APPLICATION NO ATTORNEY'S DOCKET NUMBER  PCT/GB00/02361  G-1344                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                           |                                   |              |  |  |
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| 17. X The following                                                                                                                                                                                                                                     | ng fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                           | CALCULATIONS                      | PTO USE ONLY |  |  |
| BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO. \$1040.00 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
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| International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$750.00                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
|                                                                                                                                                                                                                                                         | liminary examination for liminary examination for limiting for limitin |                                                   |                           |                                   |              |  |  |
| 1.482) and all cla                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ee paid to USPTO (37 Class of PCT Article 33(2)-( |                           |                                   |              |  |  |
|                                                                                                                                                                                                                                                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                           |                                   |              |  |  |
| *                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PRIATE BASIC FE                                   |                           | \$ 890.00                         |              |  |  |
|                                                                                                                                                                                                                                                         | for furnishing the oath<br>est claimed priority date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or declaration later than                         | 2030                      | \$                                |              |  |  |
| CLAIMS                                                                                                                                                                                                                                                  | NUMBER FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NUMBER EXTRA                                      | RATE                      |                                   |              |  |  |
| Total claims                                                                                                                                                                                                                                            | 27 - 20=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                                                 | X \$18.00                 | \$ 126.00                         |              |  |  |
| Independent claims                                                                                                                                                                                                                                      | 2 - 3=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | X \$84.00                 | \$                                |              |  |  |
| MULTIPLE DEPEND                                                                                                                                                                                                                                         | DENT CLAIM(S) (if ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | plicable)                                         | + \$280.00                | \$ 280.00                         |              |  |  |
|                                                                                                                                                                                                                                                         | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF ABOVE CALO                                     | CULATIONS =               | \$                                |              |  |  |
| Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28).                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | \$                        |                                   |              |  |  |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | SUBTOTAL =                | \$ 1296.00                        |              |  |  |
|                                                                                                                                                                                                                                                         | 0.00 for furnishing Engest claimed priority date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                       | +                         | \$                                |              |  |  |
| <u> </u>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | IONAL FEE =               | \$                                |              |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31).  \$40.00 per property                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | \$                        |                                   |              |  |  |
| +                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
|                                                                                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOTAL FEES                                        | ENCLOSED =                | \$ 1296.00                        |              |  |  |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           | Amount to be refunded             | \$           |  |  |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           | charged                           | \$           |  |  |
| <ul> <li>a. A check in the amount of \$ to cover the above fees is enclosed.</li> <li>b. X</li> <li>Please charge my Deposit Account No. 05-0840 in the amount of \$1296.00 to cover the above fees. A duplicate</li> </ul>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
| copy of this sheet is enclosed.  c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 05-0840. A duplicate copy of this sheet is enclosed.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
| SEND ALL CORRESPONDENCE TO:  ELI LILLY AND COMPANY  GRANT Q. Longo a  SIGNATURE                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                           |                                   |              |  |  |
| PATENT DIVISION/JA                                                                                                                                                                                                                                      | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V                                                 | T4 A . C                  |                                   |              |  |  |
| LILLY CORPORATE C                                                                                                                                                                                                                                       | ILLY CORPORATE CENTER  Janet A. Gongola  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                           |                                   |              |  |  |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | 49 436                    | (217) 257 (                       | 104          |  |  |
| Date                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RE                                                | 48,436<br>GISTRATION NUMB | <u>(317) 277-6</u><br>ER TELEPHON |              |  |  |